

**Care Services Committee  
AGENDA  
Thursday, January 15, 2026 at 5:30pm**

<b>Item</b>	<b>Description</b>	<b>MRP</b>
1.	<b>Call to Order and Introductions</b>	Andrea Seymour
2.	<b>Approval of the Agenda</b>	Andrea Seymour
3.	<b>Declaration of Conflict of Interest</b>	Andrea Seymour
4.	<b>Approval of Previous Minutes: November 6, 2025*</b>	Andrea Seymour
5.	<b>Business Arising from the Minutes</b>  None	
6.	<b>Standing Reports</b>	
	6.1. Care Services Report for Q3 – October 1 – December 31, 2025*	Jamie Roy
	6.2. Report from Family Advocacy Council*	Geri Geldart
7.	<b>New Business</b>	
	7.1. Bathing Preferences Survey*	Jamie Roy
	7.2. Funding Request*	Geri/Jamie
	7.3. Nursing Home License 2026*	Geri Geldart
	7.4. Operational Goals deferred	Geri Geldart
	• Resident Handbook	
	• Suzy-Q trial	
8.	<b>Date of Next Meeting – Thursday, April 30, 2026 @ 5:30pm</b>	

***\*Denotes attachment***

### **Proposed Motions**

1. That the minutes of November 6, 2025, be approved as presented.

## Minutes of meeting of the Care Services Committee

Thursday, November 6, 2025 at 5:30pm

**Present:** Andrea Seymour (Chair), Marjorie Belzile, Wayne Albert(v), Jane Matthews-Clark(v),

**Regrets:** Lyne St-Pierre-Ellis, Rob Doyle, Deborah Wybou, Marj Deveau, Geri Geldart (ex-officio)

**Staff:** Jamie Roy

### 1. Call to order & Introductions

Ms. Seymour called the meeting to order at 5:32pm.

### 2. Approval of Agenda with Amendments

The agenda was approved with the removal of item 6.1.3 Quality of Life Survey, and the addition of Hawkins House Survey Results.

### 3. Declarations of Conflict of Interest

Ms. Seymour asked members to review the agenda and self-identify if there was the potential for a conflict of interest. No conflicts were identified.

### 4. Approval of Previous Minutes: September 9, 2025.

*It was moved by Jane Matthews-Clark and seconded by Wayne Albert that the minutes of September 9, 2025, be approved. - Motion carried*

### 5. Business Arising

None

#### Standing Reports

#### 6.1 Care Services Reports for Q2 July 1, 2025 – September 30, 2025

##### 6.1.1 Clinical Care & Quality

Ms. Roy provided the Q2 report. Highlights included:

- Education this quarter was focused on wound care looking at the insufficiencies in momentum documentation.
- Bedside audit facility results for Q1 was 95%. There is a meeting scheduled with the unit coordinators to discuss the 3 units that were below this threshold.
- There was one covid outbreaks during this quarter on Tower 3 affecting 3 residents. They all had mild symptoms and recovered with no issues.
- There were a total of 9 admissions and 11 discharges in long term care. There were 2 move out and 2 move ins in Hawkins House. The independent apartments saw 4 move outs and 3 move ins this quarter.

- Focus continues on Fall Prevention in Q2. Our goal is to review residents who have fallen over the quarter and identify those that fall frequently to ensure we have everything in place for that resident in accordance with our fall's prevention program. The results remain steady.
- Future reporting will remove newly occurring pressure ulcer, as this information is reflected in worsened pressure ulcer.
- We are seeing a slight increase in the use of antipsychotics but are close to 24% lower than the New Brunswick average.
- NHWW have 114 clients registered with the program as of September 30<sup>th</sup> exceeding the 100 goal. Two new staff members were welcomed, a part-time and a full-time wellness coordinator.
- There are 69 active volunteers registered. This is an increase of 12 from the last quarter.
- We hosted 4 orientations for our Junior Volunteer program and had 43 registered Junior Volunteers this summer, who logged 187 hours.
- York Development wait list was included in the meeting package. Currently there are 96 people waiting for an apartment and 23 awaiting an assisted living placement.

### **6.1.3 Hawkins House Survey Results**

The results of the Hawkins House survey were shared. There were 27 of the 31 residents that completed this survey. Areas for improvement included: meals/dining experience, additional education on safety plan along with increased fire drills, activities and better orientation for new tenants.

## **7. New Business**

None

## **8. Date of Next meeting – Thursday, January 15, 2026 at 5:30pm**

## **9. Adjournment**

The meeting was adjourned at 6:33pm on a motion by Marjorie Belzile.

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Andrea Seymour, Chair

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Jennifer Vos, Recorder



# REPORT TO THE CARE SERVICES COMMITTEE

**October 1<sup>st</sup>-December 31<sup>st</sup>, 2025  
Quarter 3 Activity**

The purpose of this report is to apprise the Board's Care Services Committee of key activities within each quarter of the fiscal year, including an update on key performance indicators and the strategic care pillar. Accordingly, the Committee receives four reports per year with content from the following senior leaders.

**Senior Leader**

Jamie Roy, Vice President, Care Services & Quality

**Key Areas of Reporting**

Clinical Care & Quality,  
Therapeutic Recreation  
& Volunteers,  
Residents Council  
Adult Day Program  
Hawkins House  
Operational Goals

## 1. Clinical Care & Quality

This quarter was very busy throughout the facility. In October we focused on vaccinations, but we also had a high rate of admissions and internal transfers. The Quality of Life Surveys were done in November and December for both residents and family members. We continued to provide All the Right Moves (ATRM) training for both current staff and new staff onboarding. There were many festive events happening for residents and families to enjoy and many generous donations of gifts for our residents at Christmas. Unfortunately, we did have an outbreak of influenza in Dixon, but it was well managed and the residents affected did recover.

### Here are some important highlights from Quarter 3:

- Education this quarter was focused on donning and doffing personal protective equipment (PPE), NB LTC Leadership Foundation course through Beacon Clinical for three of our RNs, the Cultural Competency Workshop for three RNs, BLS certification for new hires, and ATRM training.
- Hand hygiene audits were completed. Observations were made in the lobby, and throughout the units during vaccine clinics (mostly in the dining rooms on unit). Of the 56 observations made in the lobby, only 5 were compliant with hand hygiene. (This audit included observations of staff, residents and visitors). On day 1 of observations, the signs and the station was where it usually is to the left coming in, on day 2 it was moved to be closer to the end of the carpet and more visible- there was no noted improvement. Of the 41 observations on the unit of staff, 21 were compliant. Yearly education was provided.
- The total number of vaccines administered at YCC Oct-Dec 2025- **475**. Below is the breakdown:  
Influenza for residents - 179  
Covid for residents - 181  
Influenza for staff - 67  
Covid for staff (due to surplus supply, opened vials expiring during clinic) - 3  
RSV for residents - 22  
Pneumococcal for residents - 23
- We finished our participation in the SPA-LTC project with UNB and Social Development.
- We finished 3 NBCC PSW preceptorships in October and we hosted 20 PSW/PN students from NBCC for their first clinical placement.
- I participated in the Change Management program through Prosci, and I am now a Certified Change Practitioner. We hope to utilize change management within the Suzy-Q project.
- There was a total of 73 days used for relief care in this quarter. Six additional planned admissions were cancelled by family. There was a notable upward trend in requested RCB stays in 2025 totalling 395 occupied days. Previous 10 year record being 282 days in 2017, and previous low of 93 days in 2022.
- We had one Influenza A outbreak in Dixon that involved eight residents. They all have recovered but some of the residents were quite ill.

- There were a total of 23 admissions and 23 discharges in long term care. There was a total of 2 move outs, 2 move ins, and 1 internal transfer in Hawkins House and 2 internal transfers, 5 move outs and 3 move ins in our independent apartments.

### Key Performance Indicators (KPI)

	Q4 24/25		Q1 25/26		Q2 25/26		Q3 25/26	
	N	D	N	D	N	D	N	D
<b>Falls within the last 30 days</b> This indicator looks at how many residents fell in the last 30 days leading up to the date of their quarterly clinical assessment	32	199	37	204	36	204	40	194
	16%		18%		17%		20% (20%)	
<b>Falls with Injury</b> This indicator looks at how many major injuries were sustained when a resident falls.	4	189	1	198	1	201	3	157
	2%		0%		0%		2% (1.5%)	
<b>Worsened pressure ulcer</b> This indicator looks at the number of residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment	6	198	11	198	3	201	3	194
	3%		5%		1%		1% (1%)	
<b>Restraint use</b> This indicator looks at how many residents are in daily physical restraints. Restraints are sometimes used to manage behaviours or to prevent falls	36	199	45	204	58	204	44	194
	18%		22%		28%		22% (14%)	
<b>Potentially inappropriate use of anti-psychotics</b> This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	9	119	11	117	12	111	12	100
	7%		9%		10%		12% (4%)	
<b>Worsened depressive mood</b> This indicator looks at the number of residents whose mood from symptoms of depression worsened	37	198	51	202	43	201	39	194
	18%		25%		21%		20% (16%)	
<b>Experienced pain</b> This indicator looks at the number of residents who express pain daily and/or describe as severe or excruciating	1	199	2	204	7	204	3	194
	0%		0%		3%		1% (1%)	
<b>Experienced worsened pain</b> This indicator looks at how many residents had worsened pain from prior assessment	11	198	25	199	22	200	15	194
	5%		12%		11%		7% (6%)	
<b>Transfers to hospital</b> The percent of residents transferred to hospital	12	215	11	216	13	216	10	215
	5.5%		5%		6%		5% (11%)	

The Canadian Institute of Health Information (CIHI) is about to release the quality indicator summary for 2024-2025 to the public on January 22, 2026. We had an opportunity to review the indicators prior to the release, and we were very impressed by the improvements we have made over the last 5 years. When comparing the

data with 2023-2024, we had improved in every area. Since 2020, we are the best we have been since 2020 except for restraint usage. We are very proud of our team and what we have accomplished.

York Care Centre indicators are live on [Long-term care dashboard | CIHI](#) (as of January 22, 2026).

We are continuing to monitor falls and although the number of residents has not changed, we did see a significant decrease in the number of falls for quarter 3 at 157. This could be due to the continuous work we have been doing around purposeful rounding, but it could also be because staff are not documenting in the in the Fall Log section of the EHR. We have sent a reminder to staff regarding this to ensure they are documenting in this section.

The three residents that have worsened pressure ulcers were all new. One resident has since passed away, one was coded incorrectly and one is currently being treated.

At our last Restraint Committee meeting, we recognized that our restraint usage was at its highest in a year (28%). We set a goal for quarter 3 and 4 that we would get it down to 22%. We have already achieved our goal. This would be a combination of the continued work we are doing in this area but also the high number of admissions and discharges in this quarter.

At the end of summer and into the fall, we did our yearly review of residents on antipsychotics. Although the number of residents on antipsychotics without a diagnosis has not changed, the number of residents on antipsychotics has decreased significantly over the last two quarters – 117 to 100. This is a great accomplishment and will make a difference in the lives of our residents.

For the ‘Transfers to hospital’ quality indicator, the 10 residents who were transferred to hospital, 6 were admitted to hospital and 4 returned to the facility the same day. Of the six residents admitted, three were due to illness and three were fractures (2 hips and a femur)

The Canadian Institute of Health Information (CIHI) collects our data and makes it accessible to us where we can compare ourselves to other organizations across New Brunswick and/or Canada. The current information was temporarily unavailable at the time of this report.

\*Indicates we are better than the provincial and national average.

	<b>York Care Centre</b>	<b>New Brunswick</b>	<b>Canada</b>
Antipsychotic Use			
Fell in Last 30 Days			
Stage 2 Pressure Ulcer			
Restraints			
Symptoms of Depression			

## **2. Nursing Home Without Walls (NHWW)**

**Clients registered with program as of December 31st, 2025: 143**

**\*NOTE ABOUT DISCHARGED CLIENTS:** We had 6 clients that were discharged from the program in this quarter (not included in the count of 143 clients above). Two passed away, two (a couple) moved out of province and two got placement in Long Term Care.

**Number of clients requiring navigation: 80**

**Number of clients socially isolated and require social engagement: 65**

**Number of clients receiving wellness checks/ friendly visits: 56**

**Number of clients receiving friendly phone calls: 65**

This quarter, we secured a student placement from the STU Social Work course and look forward to her joining us in the next quarter for a 3-month period (2x days per week). We are also going to post for a casual position as a Navigation Support Specialist. This position will be a huge asset to our team and will help eliminate the waiting time for intakes (given that we are currently booking for the first of March). The Navigation Support Specialist's primary job role will be to assist with intakes and navigation items.

We hosted two formal Lunch and Learn events this quarter, both were well attended. October's presentation featured two social workers from Social Development who spoke on the long-term care program, which was a result of clients' requests. A lot of questions were raised and answered about how to access home support services, how to get someone on the waitlist for placement, what makes a person eligible for subsidies, etc. November showcased a virtual presentation on Parkinson's disease from Parkinson's Canada. It was our first virtual presentation and although it was successful, it is not something we would opt to do again in the future based on the overall experience and feedback from our clients. We took a break from our monthly Lunch & Learn's in December and we began to plan for January's presentation which will be on Palliative Care. Our attendance numbers are consistently increasing which each Lunch and Learn we host.

In-house visits and community-based activities continue weekly, including the following examples from this quarter: Clay Café, a movie theatre outing, group board games, a Halloween themed paint & sip, walk and talks at Willie 'O Ree indoor walking track, an outing to the Beaverbrook Art Gallery, and more. Our accessible bath service is down to 2 clients receiving personal care on a weekly basis (with assistance from the Home Support Workers in Hawkins House). There is not currently a wait list for this service as those who have expressed interest in the past have now either been assisted with getting home support services in place, equipment, or have moved into LTC. We continue to get positive feedback on our monthly newsletters, and it appears that clients look forward to receiving these. We also continue picking up and delivering eight monthly foodbank boxes to our clients who struggle with food insecurity. The foodbank does offer delivery, but when delivery is received, cold items such as meat, dairy, etc. are excluded. By picking up these client's monthly boxes, we ensure they are getting the maximum they can out of their food hamper.

We were featured in the 2026 "Support Local" Fredericton calendar and were advertised in the Freddy Plus Newspaper. New posters were put up around our community in public areas that house community bulletin boards, such as at Briggs Pharmacy (Marysville), the Grant Harvey Center, both public libraries, Superstore (north and south), Digital World, Victory Meat Market and many other areas. Beyond that, we have not felt a need to market or advertise further this quarter because intakes are currently booked into the first week of March, with calls and inquiries about intakes still coming in daily. Word of mouth seems to be the most popular way that clients hear about us, but we continue to get referrals from other service providers as well (i.e., the Alzheimer Society, discharge planning at the DECH, etc.).

The Caregiver Support group that started in September in partnership with ASNB continues monthly. Respite care continues to be offered by our Wellness Coordinators (leveraging the Adult Day Program space) for those who require care for their loved one to attend. There has not been one monthly session yet, where the group was not full (max of 12 caregivers each session). Finally, we applied as a Non-Profit through the city of Fredericton & Fredericton Social Innovation for a grant of bus tickets. We hope to receive those in January (like we did last year) to be able to distribute them to clients who can use the bus.

As detailed in the last quarterly report, the primary gap in services we are documenting has been transportation, and interim (i.e., immediate) home support services. Although we do have Para Transit and Fredericton Transit in our community, these services do not appear to work for all/do not appear accessible to several of our clients. Access to primary care is a concern as well, with 72 of our clients not having a family doctor. We assist with navigating Maple/NB Health Link as best as we can, but it is time consuming and with a small team, we are not able to sit in on/assist with every single virtual appointment. Not having a family physician has made accessing Extra Mural Services particularly challenging for several of our clients who could benefit from nursing care in their home. Groceries are another gap; even those who drive are not always able to carry their groceries inside or get the items from their vehicle into their home safely. There are 23 upcoming scheduled intakes to be completed between January 1<sup>st</sup> and March 1<sup>st</sup>. We look forward to celebrating 150 clients officially in January of 2026.

### 3. Therapeutic Recreation/Spiritual Care

We welcomed 2 fall internship students for 7 week placements, along with 1 NBCC Student who was with us for 12 weeks two days per week. We also successfully filled our 1 activity coordinator position with Jasmine Hebert. She has been settling in and is based working with Tower 2 residents primarily and supporting Tower 3 residents one day per week.

We received many donations for our Christmas Country Store and Resident Christmas Gifts. We also had an emotional goodbye to our dear bunny Gus. He unexpectedly took ill just before Christmas, that required him to go to the urgent care vet. The compassionate decision was made to have him put to sleep. The residents and staff are surely to miss his presence.

**Top 5 group activity programs most attended are (not including worship service & Special Festive Events):**

- Pet Therapy
- Social Activities
- Trivia Activities
- Crafter’s Corner
- Afternoon Entertainment

<b>Resident Activities</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
Group Programs Provided	437	528	533	339 (318)
Contacts made via Group Sessions Provided	4979	5605	5480	4698 (4453)
Contacts made via One-to-One Sessions Provided (minimum of 10 minutes)	508	885	753	825 (786)
One-to-One Unique Program Sessions Provided	33	31	41	69 (66)
Number of attempted contacts (residents who declined)	6950	9071	9256	8558 (6676)
Average Resident Participation	85%	90%	88%	93%

## 4. Volunteers

We had six new recruits this quarter bringing our total to 74 registered volunteers. There was much improvement in the volunteers logging their hours and we saw an influx of volunteers over the holiday season, helping with preparing or being involved with the many festive events.

### New volunteers onboarded this quarter:

October - 1  
November - 5  
December – 0

### \*\*New – number of volunteers who left this Quarter:

October - 1  
November - 0  
December - 0

### Volunteer Hours Recorded this Quarter:

	Q4 Hours Logged	Q1 Hours Logged	Q2 Hours Logged	Q3 Hours Logged
	76.75	54.5	119.5	149.75
	60.25	139.75	121.25	181.25
	78	149.25	109.25	199.25
<b>TOTAL</b>	<b>222.5</b>	<b>343.50</b>	<b>350</b>	<b>530.25</b>
<b>Avg/month</b>	<b>74.2</b>	<b>114.50</b>	<b>116.67</b>	<b>176.75 (83.75)</b>

One of the operational goals for quarter 3 was to set a goal for the number of volunteer hours now that we have one year worth of data. We set a target of 100 hrs as last year for quarter 3 we were only at 83.75 hrs. The volunteers have improved with logging their hours and we saw an increase participation, and we were able to surpass our goal and logged 176.75 hours. We have set a new target of 150 hours for quarter 4 as we feel 100 hours was too low.

## 5. Resident Council

Members: Martha Burden (President), Ellen Saunders-Aube (Vice President), Natalie Henderson, Suzette Facini, Linda Bird, Tracey Mitchell, Laurie Crockett, Jean Colwell, Karen Steeves, Sherman Nielsen, Robert Johnson, Lyne Boyne, and Andrea Moore. Pastor Norm (Chair), Allyson Hickey (Secretary), Jenn Beals (Staff Liaison).

The Resident Council voted in a new president and vice president this fall, Martha has stepped into the President role and Ellen has successfully obtained the VP role. Their tenure will last for the 2025/2026 year. Also, new members were nominated and invited to join council - Robert Johnson, Lyne Boyne and Andrea Moore, all from Tower 3.

Resident Council hosted their first fundraiser in November. They sold 300 50/50 squares and the winner was drawn in December.

## 6. Adult Day Program

### Number of registered participants per month:

- October - **32**
- November - **33**
- December – **32**

### Seats filled by week/month (max of 60/week):

- **October**

Week 1	Week 2	Week 3	Week 4	Week 5
<b>52</b>	<b>55</b>	<b>55</b>	<b>58</b>	<b>58</b>

- **November**

Week 1	Week 2	Week 3	Week 4
<b>58</b>	<b>58</b>	<b>57</b>	<b>58</b>

- **December**

Week 1	Week 2	Week 3	Week 4	Week 5
<b>59</b>	<b>59</b>	<b>59</b>	<b>59</b>	<b>57</b>

### Intakes:

A total of **6** intakes:

- October – **2** intakes (4 at the end of Sept with trials in October)
- November – **2** intakes
- December – **2** intakes

Two potential participants (a married couple) did not feel they were ready for “this step” in life. They did not attend a trial day. Family asked that we keep their intake forms in case they change their minds. The remaining 4 participants attended trial days. One participant of those chose not to continue after their trial as they felt they were not a good fit for the program.

### Discharges:

This quarter, we had a total of 5 participants who were discharged from the program.

Reasons for discharge being:

- Disease progression, needing more care. Moved into LTC.
- Did not enjoy the program or felt they didn’t need to be there. Refused to attend.

## 7. Hawkins House

Care Hours continue to be consistent, with 4 tenants awaiting LTC placement. There was a service fee increase effective November 1<sup>st</sup>, and notices were given to tenants and adjustments were made to their rent file.

- October

101 – <b>Vacancy:</b> Awaiting completion of renovation (Tenant passed away at Hospice)
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- November

106 – <b>Vacancy:</b> Awaiting completion of renovation (Tenant passed away at DECH)
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101 – <b>TRANSFER:</b> L.B. transferred to 101 for accessibility
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307 – <b>NEW TENANT:</b> L.H.
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- December

106 – <b>NEW TENANT:</b> M.P.
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## 7. York Developments

### 91 Sunset

A new roof was put on in November, and the drain was fixed in the back parking lot.

- October

Apartment 6 – <b>VACANCY</b>
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- November

Apartment 6 – <b>NEW TENANT:</b> R.M.
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- December

<b>No Vacancy</b>
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### 95 Sunset

- October

Apartment 10 – <b>TRANSFER:</b> E.G.
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Apartment 23 – <b>VACANCY</b>
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- November

Apartment 23 – <b>VACANCY</b>
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- December

Apartment 23 – <b>NEW TENANT: J.M.</b>
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**120 Sunset**

- October

Apartment 8 – <b>VACANCY:</b> Awaiting renovation for internal Transfer
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Apartment 25 – <b>NEW TENANT: W &amp; M M.</b>
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- November

Apartment 8 – <b>TRANSFER: Y.C.</b>
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Apartment 22 – <b>VACANCY</b>
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- December

Apartment 22 – <b>VACANCY:</b> Awaiting renovation completion
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Apartment 3 – <b>VACANCY:</b> Awaiting renovation completion. Tenant passed away at Hospice House.
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(Previous Quarter)

<b>York Development Wait Lists</b>	
91 Sunset Drive	14 (18)
95 Sunset Drive	28 (32)
120 Sunset Drive	42 (46)
Internal Transfer Requests (Tenants already living in 91/95/120)	5 (4)
Hawkins House 116 Sunset	27 (23)

Jamie Roy  
Vice President, Care Services & Quality

To: Care Services Committee  
From: Geri Geldart, President and CEO  
Date: January 9, 2025  
**RE: Report from Family Advocacy Council**

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The Family Advocacy Council has met once since our last meeting. This was the second meeting after moving to a quarterly schedule. Six people attended in person, with two joining online. In addition to the usual updates, the following topics were addressed:

- Changes coming to the Rogers Cable Service
- Tower 2 Project update
- Air conditioning project
- Holiday activity schedule

The group continue to offer valuable feedback at each session.

- Meal-time satisfaction seems to have improved.
- Staff should pay closer attention to ensuring that residents who require assistance with feeding are receiving food at the correct temperature and that food is presented in an appealing manner.
- Suggestion that we hold the meetings earlier in the afternoon.
- Review the vaccination form – may be misleading.
- Is there a “mobile” call bell that families could use when taking resident outside their room?
- Could a TV be used in the Dining Room for residents to watch before and during mealtimes?
- How can other units be updated (as Tower 2).
- More management visibility on the units would be appreciated.

We have shared the feedback to our management forum for their follow-up.

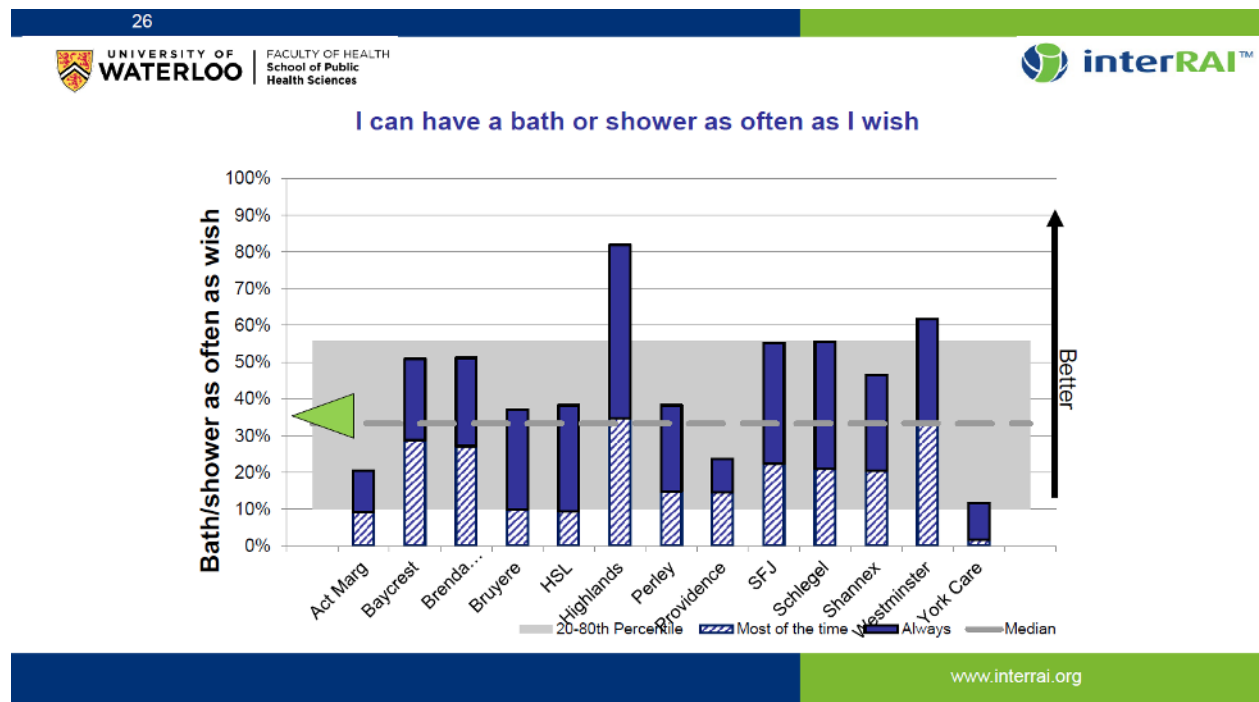
G. Geldart

# York Care Centre

## Bathing Preferences Survey Results – January 2026

### Background

York Care Centre chose to focus on bathing frequency based the consistently low scores on our annual Quality of Life (QOL) survey question: “I can have a bath or shower as often as I wish”. Below are the results from the 2024 QOL survey comparing York Care Centre to other high performing Long Term Care Facilities across North America. (Senior’s Quality Leap Initiative, January 2025)



### Methodology

A total of 97 residents voluntarily participated in a bathing preferences survey in December 2025. The residents who responded were also part of the Resident Quality of Life survey and have a Cognitive Performance Scale (CPS) score of 3, ensuring they have the capacity to provide informed responses. We have a total of 216 residents, so 45% of our residents responded.

## Results

### 1. Do you prefer a bath or a shower?

#### Facility Responses

Shower – 33 residents (34%)

Bath – 56 residents (58%)

No preference – 8 residents (8%)

### 2. If you could choose, how many baths or showers would you have in one week? (Minimum: 1 to a Maximum: 7)

#### Facility Responses

1/week – 19 residents (20%)

2/week – 36 residents (37%)

3/week – 8 residents (8%)

4/week – 1 resident (1%)

5/week - 0 residents

6/week - 0 residents

7/week - 1 resident (1%)

1 or 2/week – 10 residents (10%)

2 or 3/week - 21 residents (22%)

3 or 4/week - 0 residents

4 or 5/week – 1 resident (1%)

## Key Findings

- A preference for tub baths (58%) over showers (42%)
- A preference of 1-2 baths or showers per week (67%)

## **Conclusion**

York Care Centre has limited tub and shower spaces which makes it challenging to provide the service when a resident wants as they are shared spaces between multiple residents. According to the responses, our residents prefer a tub bath over a shower (58%). Tub baths do take more time due to the filling of the tub.

However, we currently are only able to provide one bath or shower every week for a resident due to our staffing levels (with exception of a few high risk residents), hence why we score low on the QOL surveys. The responses show that the majority of residents would like a bath or shower anywhere from 1-3 times per week, with the average being 2/week. Therefore, it would be necessary to augment our staffing levels to have multiple bath teams to support the additional care that is resident focused and needed for our residents' health.

In a facility our size with 216 residents having 2 baths or showers per week (average 45 minutes/bath or shower), this would equal 162 additional hours of care per week to provide this service or 24 hours/day. We recognize that not all residents will want more than 1 bath or shower per week but we will also have a few residents that want 3 or more baths or showers per week and this will allow us to be more resident focused and be able to better meet the needs of residents and improve quality of life.

## **Update**

In late December, the Department of Social Development offered York Care Centre additional funding for Activity Coordinators and Resident Attendants. Unfortunately, the funding is only available during the current fiscal year. We have decided to take advantage of this temporary offer to test a Bathing Team Model which would address the finding of this survey. The results could inform future budget requests.



**YORK**  
CARE CENTRE



**CIRA**  
CENTRE FOR INNOVATION  
AND RESEARCH IN AGING



**YORK**  
DEVELOPMENTS  
LIFESTYLE LIVING

## BRIEFING NOTE

**To:** David Withers, Director, Operational Excellence,  
Serena Bradford, Manager, Adult Community Resources  
Sylvie Leadbeater, Financial Consultant

**From:** Geri Geldart, President and CEO, York Care Centre

**Date:** December 15, 2025

**RE: Funding Request – Additional Care Hours – Activity Coordinators and Resident Attendants**

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### A. PURPOSE

York Care Centre respectfully requests additional funding for additional hours of care to enhance staffing in two critical areas: Activity Coordinator services to improve quality of life outcomes, and a dedicated Bathing Support Team to ensure residents receive timely, dignified bathing assistance.

### B. BACKGROUND

York Care Centre is a comprehensive long-term care facility serving 218 residents. Our 2025-2030 Strategic Plan identifies "Residence of Choice" as a foundational pillar, committing us to providing an environment that is socially engaging, mentally stimulating, and customized to reflect individual resident needs and preferences.

Advocacy for improved services in key areas including recreation, resident care, social work, and education is a cornerstone of our strategic plan. This funding request addresses two fundamental aspects of resident quality of life: social engagement through enhanced activity programming, and personal dignity through improved bathing services.

### C. CURRENT SITUATION – ACTIVITY COORDINATORS

Activity Coordinators play a critical role in achieving our vision by developing and implementing resident-centered plans that improve social engagement and overall quality of life. These professionals work directly with residents to identify interests, preferences, and capabilities, then design and deliver meaningful activities that promote cognitive function, social connection, and emotional well-being. York Care Centre is currently funded for 5.873 Activity positions, which includes the 1.00 Director position. While Birch Grove, our dementia unit, has augmented funding (5 hours per day, 7 days per week) to address specialized needs, our general units and our advanced dementia unit, share resources among a much larger resident population.

Current staffing challenges include:

- *High Resident-to-Coordinator Ratios:* The funding formula which provides 1 FTE per 49 residents, does not adequately cover the demands of our facility, especially given the configuration of our

facility (5 distinct units of varying sizes), the complexity of certain populations (two dementia units), and the need for our Activity Director to concentrate on program planning, staff management and major event coordination.

- *Limited Weekend Coverage:* The funding formula does not recognize the need to address activity needs 7 days per week. We reduce our week-day coverage to provide limited coverage on the week-ends for the full facility. This compromise ensures that there is at least some coverage on the week-ends, but at a significant cost to the weekday service. As a result, many residents experience a significant gap in social programming and engagement.
- *No Funded Relief Coverage:* Activity Coordinator positions lack funded replacement hours for sick leave, statutory holidays, and vacation time, resulting in service interruptions and increased workload for the remaining staff.

#### **D. CURRENT SITUATION – BATHING SERVICES**

Personal hygiene and bathing are fundamental to resident dignity and well-being. However, York Care Centre faces significant challenges in meeting resident bathing preferences and needs within current staffing models. In a recent survey conducted by the Seniors Quality Leap Initiative (an international quality improvement collaborative), York Care Centre scored the lowest on a question which asked residents if they are able to have a bath or shower when they wish. For the most part, we are only able to provide a weekly bath or shower. This no longer meets the expectations of our resident population and represents a significant gap in our service delivery that requires immediate attention. Analysis of this issue has identified two primary contributing factors:

- *Workload Pressures:* Resident Attendants provide a wide range of care services throughout their shifts. Bathing requires significant time and attention, but must compete with other care priorities, resulting in delayed or rushed bathing experiences.
- *Facility Limitations:* Shared bathing facilities must be used efficiently to maximize resident access. Without dedicated bathing staff, scheduling conflicts and competing priorities prevent optimal use of these limited resources.

While we cannot expand our physical bathing facilities, we can dramatically improve their efficiency and resident access by creating a dedicated Bathing Support Team whose sole focus is providing compassionate, unhurried bathing services without interruption from other care demands.

#### **E. FUNDING REQUEST**

York Care Centre requests funding for the following staffing enhancements:

##### **REQUEST 1: Enhanced Activity Coordinator Staffing**

###### *a) Enhanced Weekday Staffing*

- 2.0 additional FTE positions to reduce resident-to-coordinator ratios
- Target ratio: 1 Activity Coordinator per 35-40 residents
- Estimated cost: 2 @ \$51,689 = \$103,378

*b) Weekend Coverage*

- 2 positions at 0.2 FTE each (0.4 total FTE)
- Provides consistent Saturday and Sunday programming
- Estimated cost: 0.4 @ \$51,689 = \$20,675

*c) Funded Relief Coverage*

- Replacement hours for all Activity Coordinator positions to cover sick leave, statutory holidays, and vacation time
- Ensures continuity of service and prevents staff burnout
- Estimated cost: 7.273 FTE \* .2 = 1.455 FTEs @ \$51,689 = \$75,207

**Subtotal – Activity Coordinators: \$199,260**

**REQUEST 2: Dedicated Bathing Support Team**

- 6.0 FTE Resident Attendants dedicated exclusively to bathing services throughout the facility
- Team will provide scheduled, compassionate bathing services without interruption from other care duties
- Maximizes efficient use of shared bathing facilities
- Enables residents to receive baths or showers as often as required and preferred
- Estimated cost: 6 @ 1.2 replacement = 7.2 FTE @ \$53,922 = \$388,238

**Subtotal – Bathing Support Team: \$388,238**

<b>TOTAL ADDITIONAL FUNDING REQUEST: \$587,498 plus benefits</b>
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**F. EXPECTED OUTCOMES**

*Enhanced Activity Coordinator Staffing:*

- Individualized Programming: Lower resident-to-coordinator ratios enable truly personalized activity plans that reflect individual interests, cognitive abilities, and physical capabilities.
- Increased Social Engagement: More staff capacity means more frequent group activities, one-on-one interactions, and opportunities for meaningful social connection.
- Seven-Day Programming: Weekend coverage ensures residents experience consistent engagement throughout the week, reducing isolation and behavioral challenges often associated with reduced weekend programming.
- Service Continuity: Funded relief coverage maintains program quality during staff absences, preventing gaps in service that negatively impact resident well-being.

- Improved Mental Stimulation: Enhanced staffing supports more diverse and cognitively appropriate activities that help maintain cognitive function and reduce decline.
- Staff Retention: Appropriate workloads and adequate relief coverage improve job satisfaction and reduce turnover among Activity Coordinators, ensuring program quality and consistency.

*Dedicated Bathing Support Team:*

- Improved Resident Satisfaction: Dedicated bathing staff will directly address the gap identified in the Seniors Quality Leap Initiative survey, enabling residents to bathe more frequently than the current once per week service.
- Enhanced Dignity and Comfort: Unhurried, compassionate bathing experiences that prioritize resident preferences and comfort rather than competing with other care demands.
- Optimal Facility Utilization: Dedicated staff can schedule and deliver bathing services efficiently, maximizing use of limited bathing facilities and increasing the number of residents served.
- Consistent Service Standards: A dedicated team develops specialized expertise in safe, dignified bathing practices and can maintain consistent quality standards.
- Improved Hygiene Outcomes: Regular, scheduled bathing services support better skin health, infection prevention, and overall physical well-being.

**G. CONCLUSION**

Quality of life in long-term care extends beyond meeting basic physical needs. Social engagement, mental stimulation, and personal dignity through services like bathing are fundamental to resident well-being and satisfaction. The Seniors Quality Leap Initiative survey results provide clear evidence that our current bathing services do not meet resident expectations, while our Activity Coordinator ratios prevent the individualized programming essential to meaningful quality of life.

The requested enhancements to both Activity Coordinator and Bathing Support staffing will enable York Care Centre to deliver the level of person-centered care that residents deserve and that aligns with contemporary best practices in long-term care. We respectfully request your favorable consideration of this funding proposal.

**CONTACT INFORMATION**

For questions or additional information regarding this request, please contact:

Geri Geldart, President and CEO  
 York Care Centre  
 506-444-3880 Ext 2507



December 11, 2025

Marjorie Belzile  
Board Chair  
**YORK CARE CENTRE INC.**  
100 Sunset Drive  
Fredericton, NB E3A 1A3

Dear Madam:

**Subject:** License Renewal

Thank you for submitting your application for annual renewal of your nursing home operating license. Your new license is enclosed.

Please display your new license in a conspicuous place within the nursing home, in accordance with Section 5 of the *Nursing Homes Act*.

Feel free to contact me if you have any questions concerning the renewal of your operating license.

Sincerely,

**Sarah Giles**

Signed with ConSignO Cloud (2025/12/11)  
Verify with veriflo.com or Adobe Reader.



Sarah Giles  
Liaison Officer  
Adult Community Resources  
Department of Social Development

Cc: Geri Geldart, Administrator

**Social Development / Développement social**

P.O. Box 6000, Fredericton, New Brunswick E3B 5H1 / C.P. 6000, Fredericton, Nouveau-Brunswick E3B 5H1  
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**LICENSE TO OPERATE  
A NURSING HOME**  
*DEPARTMENT OF SOCIAL DEVELOPMENT*

**PERMIS D'EXPLOITATION  
D'UN FOYER DE SOINS**  
*MINISTÈRE DU DÉVELOPPEMENT SOCIAL*

**MODIFIED  
MODIFIÉ  
NO N74606**

This is to certify that under the authority of the  
*NURSING HOMES ACT*

Le présent certifie qu'en vertu de la  
*LOI SUR LES FOYERS DE SOINS*

**YORK CARE CENTRE INC**

is authorized to operate a Nursing Home located at

est autorisé(e) à exploiter un foyer de soins situé à

**100 SUNSET DRIVE, FREDERICTON, NB**

Maximum number of residents permitted

**218**

Nombre maximum de résident(e)s autorisés:

*SPECIAL CONDITIONS*

*CONDITIONS SPÉCIALES*

**NEW BRUNSWICK REGULATION 85-187 UNDER NURSING HOME ACT-SECTION 15- TANK  
OXYGEN IS APPROVED AS A SERVICE THAT MAY BE PROVIDED**

Term of License/Durée du permis d'exploitation January 1, 2026 – December 31, 2026

Dated at Fredericton, this 11th day of December, 2025  
Fait à Fredericton, le 11 Decembre, 2025

Authorized Signature **Sarah Giles**   
Signature autorisée Signed with ConsignO Cloud (2025/12/11)  
Verify with verifio.com or Adobe Reader.

THIS LICENCE IS NOT TRANSFERABLE

LE PRÉSENT PERMIS N'EST PAS TRANSFÉRABLE